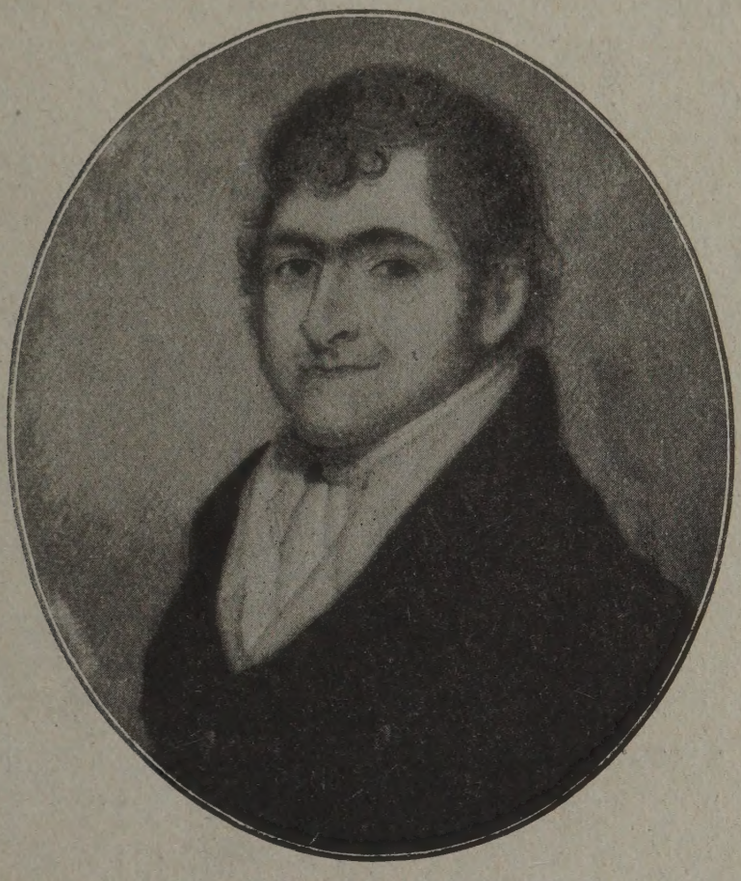
SUPPLEMENT TO THE

GUY'S HOSPITAL REPORTS

ISSUED IN CELEBRATION OF THE CENTENARY OF THE PUBLICATION OF BRIGHT'S "MEDICAL CASES"



RICHARD BRIGHT, AGE 21.

RICHARD BRIGHT AND HIS WORK

BY

SIR WILLIAM HALE-WHITE, K.B.E., M.D.

(*Reprinted from the Guy's Hospital Reports, Vol. LXXI*, 1921.)

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The July Number ot the Guy's Hospital Reports will form a special Bright Centenary number. It can be ordered by non-subscribers, price 12/6, from the Publishers, *The Lancet, Ltd.*, 1, Bedford Street, Strand, W.C. 2. It will contain the following papers—

THE BRIGHT ORATION, by W. S. Thayer, M.D., Emeritus Professor of Medicine, Johns Hopkins University, Baltimore

DISORDERS OF THE KIDNEYS WITH SYMPTOMS OF BRIGHT'S DISEASE, by L. Aschoff, Professor of Pathology, Freiburg

SOME OBSERVATIONS ON URÆMIA, by Sir John Rose-Bradford, K.C.M.G., M.D., F.R.S., President of the Royal College of Physicians of London

THE TREATMENT OF NEPHRITIS WITH ALKALIES, Part I, by A. A. Osman, M.R.C.P.

THE EXCRETORY FUNCTIONS OF THE KIDNEY, by J. H. Ryffel, B.Ch.

SYPHILITIC NEPHRITIS, by G. B. Dowling, M.D.

THE TREATMENT OF CHRONIC BRIGHT'S DISEASE BY DECAPSULATION, by John Fawcett, M.D.

THE ASSOCIATION OF CHRONIC BRIGHT'S DISEASE WITH OBSTRUCTION IN THE LOWER URINARY TRACT, by A. R. Thompson, Ch.M.

THE TONSILS AND NEPHRITIS, by E. J. Greenwood, M.B.

ACUTE NEPHRITIS: TONSILLECTOMY: RECOVERY, by A. C. Jepson

MENTAL SYMPTOMS IN BRIGHT'S DISEASE, by R. D. Gillespie, M.D.

The following additional papers on Bright's Disease and allied subjects will appear in the October number of the Reports—

STARLING'S WORK ON THE PHYSIOLOGY OF THE KIDNEYS, by M. S. Pembrey, M.D., F.R.S.

BRIGHT'S EARLIEST PUBLISHED MEDICAL PAPER, by Sir William Hale-White, K.B.E., M.D.

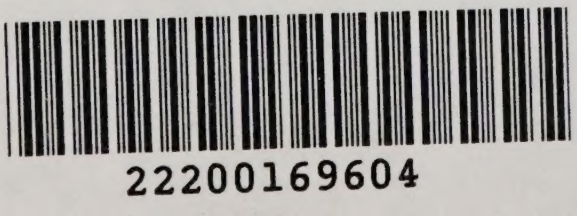
THE TREATMENT OF NEPHRITIS WITH ALKALIES, Part II, by A. A. Osman, M.R.C.P.

DERMATOLOGICAL SYMPTOMS IN BRIGHT'S DISEASE, by H. W. Barber, M.D.

ON ENURESIS NOCTURNA, by H. C. Cameron, M.D.

THE URINE IN LATENT AND SUBACUTE SEPTICÆMIA, by F. A. Knott, M.D.

MALFORMATION OF THE KIDNEY AND DEVELOPMENT, by G. W. Nicholson, M.D.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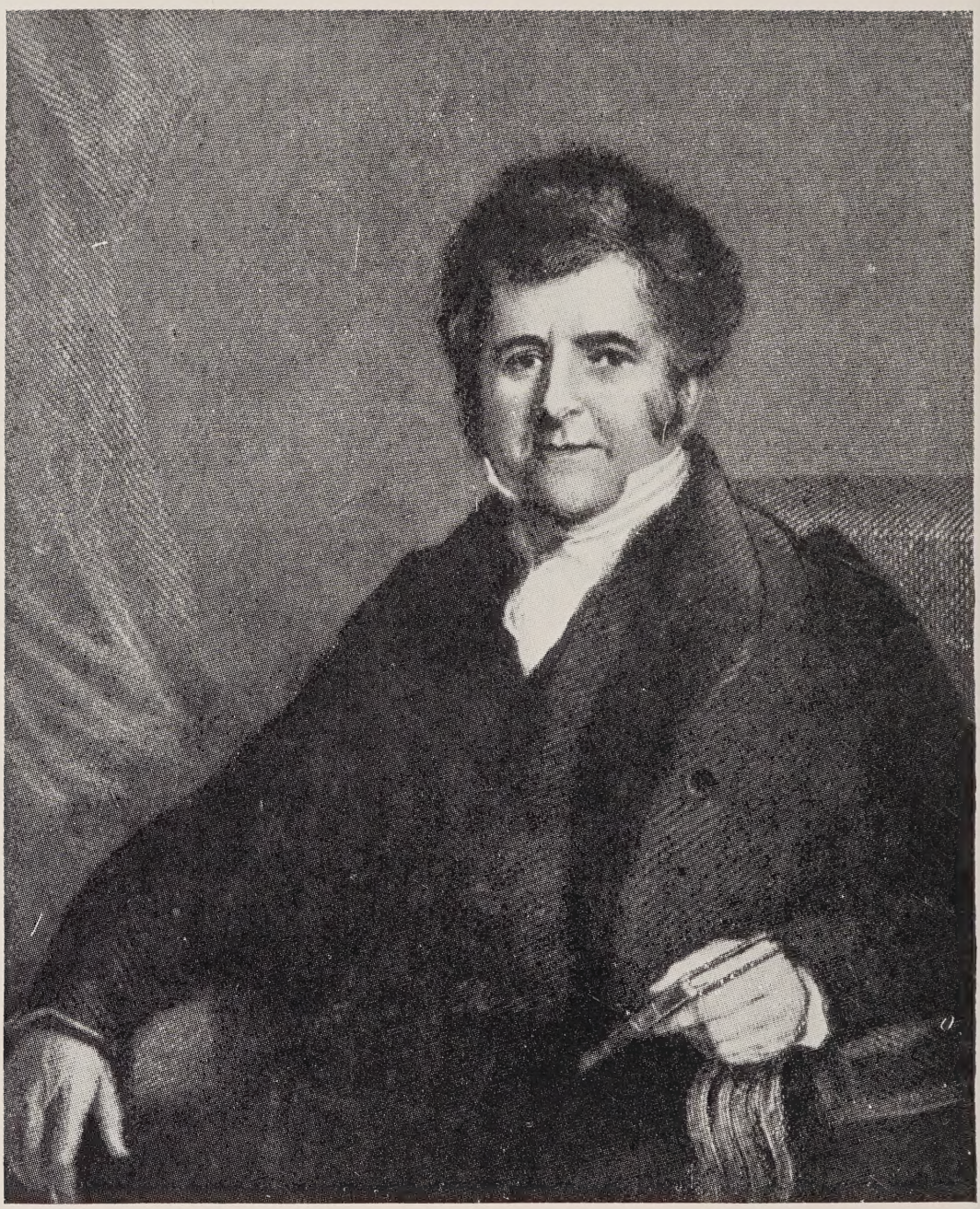

Richd Bright

RICHARD BRIGHT AND HIS WORK

By SIR WILLIAM HALE-WHITE, K.B.E., M.D., Consulting Physician to Guy's Hospital.

Richard Bright was born at Queen Square, Bristol, on September 28, 1789. He was the third son of Richard Bright, who lived at Ham Green, Somerset, and was a member of the banking firm Ames, Bright and Cove. Young Bright went to school at Bristol and Exeter, and in 1808 began to study medicine at Edinburgh. In 1810 he accompanied Sir George Mackenzie to Iceland and wrote the botanical and zoological parts of Mackenzie's *Travels in Iceland.* The book is beautifully illustrated, and some of the smaller drawings are by Bright. Mackenzie speaks of his pleasing manners, his cheerful and ready exertion, and his undeviating good humour. On his return he lived for two years in the house of one of the resident officers in Guy's Hospital, where he continued his medical studies, reading a paper before the Medico-Chirurgical Society on cases of erysipelas he had seen at Guy's between May and July, 1811. In 1812 he returned to study at Edinburgh and graduated M.D., and read a paper *On Gangrene* to the Royal Medical Society, which is published for the first time in the Bright Centenary Number of the *Guy's Hospital Reports.* From Edinburgh he went to Cambridge and was two terms at Peterhouse, but left there to come to London, where he became a pupil at the Public Dispensary under Dr. Bateman. In 1814 he started on a tour through Holland, Belgium, Germany, Austria and Hungary, and on his return in 1815 he arrived at Waterloo a fortnight after the battle. He observed and studied everything he came across, medical or otherwise, and in 1818 published *Travels from Vienna through Lower Hungary, with some remarks on the state of Vienna during the Congress in the year* 1814. The book is a well-printed quarto of over seven hundred pages, entertaining as an account of travel and full of detailed information. It exemplifies Bright's wonderful power of observation and description, his wide reading, his accuracy, as shown by the tables, maps and appendices, and his artistic ability, for it is illustrated by engravings from sketches by himself. Medical allusions are few, but the leading doctors of Vienna are described, especially De Carro, a pupil of Jenner's, who had his own children vaccinated. Most of the patients in the Viennese hospitals paid; there was

a lying-in hospital into which women were admitted secretly, and they left without any revelation of their identity.

On December 23, 1816, Bright was admitted a licentiate of the Royal College of Physicians, and shortly afterwards he was elected Assistant Physician to the London Fever Hospital, where he caught a severe attack of fever, from which he nearly died. In 1818 he travelled for nearly a year through Germany, Italy and France. In 1820 he returned to London, took a house in Bloomsbury Square, and was in this year elected Assistant Physician to Guy's Hospital, resigning his position at the Fever Hospital. In 1821 he was elected an F.R.S., in 1824 full Physician to Guy's, and in 1832, although only a licentiate, he was, with applause, elected a Fellow of the College of Physicians. In 1837 he was President of the Royal Medico-Chirurgical Society. He resigned his post of Physician to Guy's in 1843. By 1831 he had removed to 11 Savile Row, where he died of aortic disease on December 16, 1858. There is a tablet on the south wall of St. James, Piccadilly, with this inscription : " Sacred to the memory of Richard Bright, M.D., D.C.L., Physician Extraordinary to the Queen, Fellow of the Royal Society and other learned Bodies. He departed this life on 16 December, 1858, in the sixty-ninth year of his age. He contributed to medical science many discoveries and works of great value and died while in the full practice of his profession, after a life of warm affection, unsullied purity and great usefulness."

Richard Bright was an extraordinary man. It is impossible to place geniuses in order, but he would certainly be among the first five or six in our profession. To him and to a few others an altogether marvellous power of observation has been given, but Bright's genius took him further than mere observation, however brilliant, for he could correlate his observations.

Dropsy must have been recognised ever since it appeared in the human race, and long before Bright's time it was known that the urine sometimes coagulated on boiling; even atrophied kidneys had been noticed. But, as will presently appear, Bright by his observations was able to say disease of the kidney is the cause of albuminuria, dropsy and many other symptoms, and of post-mortem appearances which he enumerates.

This was such an important discovery that it has overshadowed others that he made, but he carried out clinical observations and post-mortem examinations in almost every disease, and paid special attention to diseases of the nervous system.

He was not narrow, for we have seen that he was a traveller,

a geologist, an artist, a writer and a linguist. He was an indefatigable worker, and for many years spent six hours daily at the Hospital. He was a cheerful, attractive, honourable man, admired by his profession, who frequently sought his help in consultation, beloved in this country and better known throughout the civilised world than any British physician since Harvey. We shall see how his colleagues at Guy's liked to help him. He inspired the younger men to aid him in his researches, but was always most careful to acknowledge the assistance given. He was ungrudging in his admiration for the work of others and was intensely proud of Guy's Hospital and its Museum.

The Lancet of December 25, 1858, said: "The sudden and unexpected demise of Dr. Bright has created a deep impression of grief and regret such as only a sense of irretrievable loss could occasion. In him all felt that the medical profession of England had lost one of the most original, observant and philosophic minds. A man of peculiar independence of thought, of high *morale* and untiring energy, he contributed more perhaps than any other to form the medical opinion of his day. . . . By the singular devotion to pathological investigation which characterised his career, he was at once enabled to accomplish investigations which have immortalised his name."

"*Reports of Medical Cases.*"

In the year 1827 there appeared the first of the renowned two volumes by Richard Bright, entitled *Reports of Medical Cases selected with a view of illustrating the symptoms and cure of diseases by a reference to Morbid Anatomy.* Like all of Bright's work, it is essentially Guy's work, for almost all his observations were made in the Hospital. In the preface he says: "It is my wish in thus recording a number of cases, to render the labours of a large Hospital more permanently useful, by bringing together such facts as seem to throw light upon each other. . . . To connect accurate and faithful observation after death with symptoms displayed during life, must be in some degree to forward the objects of our noble art. . . . Amongst the observations contained in this volume, there are some of which I must bear the responsibility alone. Such are the statements and conjectures regarding the dependence of a peculiar class of Dropsies on disease and irritation of the kidneys; such are some observations on peculiar changes in the structure of the liver, in the investigation of which, however, as in many other cases, I have been kindly assisted by my friend Dr. Bostock. . . . And such are the hints thrown out on the influence of the peculiar state of

REPORTS,

OF

MEDICAL CASES,

SELECTED

WITH A VIEW OF ILLUSTRATING

THE SYMPTOMS AND CURE OF DISEASES

BY A REFERENCE TO

MORBID ANATOMY.

By RICHARD BRIGHT, M.D. F.R.S. &c.

LECTURER ON THE PRACTICE OF MEDICINE,

AND ONE OF THE PHYSICIANS TO

GUY'S HOSPITAL.

LONDON:

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1827.

TO

BENJAMIN HARRISON, Esq. F.A.S. &c.

TREASURER TO GUY'S HOSPITAL,

UNDER WHOSE SUPERINTENDENCE

THE BENEVOLENT VIEWS OF THE FOUNDER

HAVE BEEN INCALCULABLY EXTENDED,

AND TO

WILLIAM BABINGTON, M.D. F.R.S. &c.

ONE OF THE GOVERNORS OF GUY'S HOSPITAL,

THE EARLY AND ABLE SUPPORTER

OF THE MEDICAL SCHOOL OF THAT ESTABLISHMENT,

THIS VOLUME

IS MOST RESPECTFULLY DEDICATED

BY THEIR OBEDIENT AND FAITHFUL

FRIEND AND SERVANT

THE AUTHOR.

the mesenteric absorbents on the symptoms of Phthisis. There are other subjects, on the contrary, where I write with greater confidence, because borne out by the testimony of my contemporaries. . . . The work which I now commence will not, in theory at least, be thoroughly completed, until every disease which influences the natural structure, or originates in its derangements, has been connected with the corresponding organic lesion. . . . I have the satisfaction of feeling that each volume, whether it finally form a part of an extensive work on Morbid Anatomy or not, will in the meantime be complete within itself as a volume of Hospital Reports.

" It is a pleasing, and yet no easy task, to acknowledge the kindness of those many friends who in various ways have assisted me in this undertaking. I may truly say that I have met with the most cheerful compliance in all my wishes from everyone connected with our establishment."

The subjects treated of in Volume I are diseases of the kidney in association with anasarca and albuminuria, diseases of the liver with anasarca and ascites, diseases of the thorax followed by dropsy, diseases of the lungs, and diseases of the intestines in fever. Volume II was published three years later and consists of two parts, each larger than Volume I. The two volumes contain sixty-five hand-coloured plates, which are as beautifully executed as possible; the colours to-day are still perfect. The second volume is entirely occupied with diseases of the nervous system. In the preface to it Bright says, " My opportunities have increased . . . by the great augmentation in the sumptuous Hospital to which I am attached, and in which I am proud to say that my colleagues, whether medical or surgical, have by their unremitting kindness shown how little jealousy interferes between the two professions."

Bright's Disease

The most celebrated part of his *Reports* is the first 126 pages of Volume I. This section is entitled, " Cases illustrative of some of the appearances observable on the examination of Diseases terminating in Dropsical effusion." He begins by reminding the reader that one great cause of dropsical effusion appears to be obstruction to the venous circulation. But, says Bright, " There are other appearances to which I think too little attention has hitherto been paid. They are those evidences of organic disease which occasionally present themselves in the structure of the *kidney*, and which, whether they are to be considered as the cause of the dropsical effusion or as the consequence of some other disease, cannot be unimpor-

tant. Where those conditions of the kidney to which I allude have occurred, I have often found the dropsy connected with the secretion of albuminous urine, more or less coagulable on the application of heat. . . . I have never yet examined the body of a patient dying with dropsy attended with coagulable urine, in whom some obvious derangement was not discovered in the kidneys."

The appearance of the coagulated albumen is not always quite the same: "most commonly when the urine has been exposed to the heat of a candle in a spoon, before it rises quite to the boiling point it becomes clouded, sometimes simply opalescent, at other times almost milky, beginning at the edges of the spoon and quickly meeting in the middle. During some part of the progress of these cases of anasarca, I have in almost all instances found a great tendency to throw off the red particles of the blood by the kidneys, betrayed by various degrees of hæmaturia, from the simple dingy colour of the urine, which is easily recognisable, or the slight brown deposit—to the completely bloody urine. . . . In all cases in which I have observed the albuminous urine, it has appeared to me that the kidney has itself acted a more important part, and has been more deranged both functionally and organically than has generally been imagined. In the latter class of cases I have always found the kidney decidedly disorganised. In the former, when very recent, I have found the kidneys gorged with blood. . . . It is now nearly twelve years since I first observed the altered structure of the kidney in a patient who had died dropsical; and I have still the slight drawing which I then made. It was not, however, till within the last two years that I had an opportunity of connecting these appearances with any particular symptoms, and since that time I have added several observations. I shall now detail a few cases, beginning with the two first, in which I had an opportunity of connecting the fact of the coagulation of the urine with the disorganised state of the kidneys."

Then follow the clinical notes of twenty-three cases to illustrate this point. All were patients during the years 1825, 1826 and 1827, and almost all were inmates of Guy's Hospital; a post-mortem examination was made on all that died. It is impossible to give the cases in detail, but we may mention the first of a series which has profoundly influenced the course of medicine. John King, aged thirty-four, an intemperate sailor, was admitted into Clinical Ward, Guy's Hospital, on October 12, 1825, under the care of Dr. Bright, suffering from general œdema, scanty urine and pain in the loins. He had hæmaturia, but this passed away, and the urine, when clear, coagulated when heated;

the pulse was hard. The *sectio cadaveris* revealed acute pericarditis, œdema of the lungs, pleural effusion, a large heart and ascites. " The kidneys were completely granulated throughout; externally the surface rough and uneven; internally all traces of natural organisation nearly gone, except in the tubal parts." In the commentary Bright says, " This is a well-marked example of a granulated condition of the kidneys, connected with the secretion of coagulable urine." He inclines to the opinion that the " disease of the kidney was the first established." He considers that neither the disease of the lungs, pleura nor heart was the primary condition, nor was there any disease of the liver to explain the ascites. He points out that pain in the loins is frequently a symptom of renal disease, and that " the tendency to inflammatory affection in this man was a striking feature in his case, and appears to me connected immediately with the condition of the kidneys."

The plate illustrating the state of the kidneys (here reproduced), shows a chronic granular kidney with a diminution of the cortex, or, as we should say, interstitial nephritis, and it is also clear that there is abundant tubal change. John King is a classic case, presenting all the essential symptoms of chronic renal disease and the first recorded case in which they were successfully correlated with the condition found after death.

Bright's next allusion to renal disease is in the second of his Goulstonian lectures,* which were delivered in 1833. Then, as now, " team work " was carried out at Guy's, for he says : " I have lately had great assistance from the intelligent and zealous co-operation of three of my young friends and pupils, Mr. Barlow, Mr. Tweedie and Mr. Rees." They examined the urines of two hundred and ninety-six patients. Bright points out that in many cases of albuminous urine there is an excess of urea in the blood. He described the varieties of nephritis found in the post-mortem room, and says that both anasarca and albuminuria may be absent in renal disease. He alludes to the enlargement of the heart, the serous effusions, the headache, the coma, and cerebral hæmorrhage found in association with disease of the kidneys, and he reaches this conclusion : " My conviction is complete as to the existence of some decided connection between the three facts—anasarca, coagulable urine and diseased function going on to diseased structure of the kidney."

His final and most extensive communication on the subject of nephritis appeared in the first volume of the *Guy's Hospital Reports*, published in 1836. It consists of two papers. The

* *London Medical Gazette*, Vol. XII, p. 378.

"KIDNEY IN DROPSY."

"FIG. 1. External view of one of the kidneys of KING, from half of which the tunic is removed, showing an advanced stage of that granulated condition of the organ which was in this case connected with the secretion of albuminous urine. Anasarca and hydrothorax accompanied the disease."

"FIG. 2. A longitudinal section of the same kidney, showing the most advanced stage of the granular charge."

PLATE I. OF BRIGHT'S "REPORTS OF MEDICAL CASES."

first is entitled "Cases and Observations Illustrative of Renal Disease accompanied with the Secretion of Albuminous Urine." The second follows it immediately and is called "Tabular View of the Morbid Appearances Occurring in One Hundred Cases in Connection with Albuminous Urine."

He tells us that the history of this disease, and its symptoms, is nearly as follows :—

"A child, or an adult, is affected with scarlatina, or some other acute disease; or has indulged in the intemperate use of ardent spirits for a series of months or years: he is exposed to some casual cause or habitual source of suppressed perspiration: he finds the secretion of his urine greatly increased, or he discovers that it is tinged with blood; or, without having made any such observations, he awakes in the morning with his face swollen, or his ankles puffy, or his hands œdematous. If he happen, in this condition, to fall under the care of a practitioner who suspects the nature of his disease, it is found, that already his urine contains a notable quantity of albumen: his pulse is full and hard, his skin dry, he has often headache, and sometimes a sense of weight or pain across the loins. Under treatment more or less active, or sometimes without any treatment, the more obvious and distressing of these symptoms disappear; the swelling, whether casual or constant, is no longer observed; the urine ceases to evince any admixture of red particles; and, according to the degree of importance which has been attached to these symptoms, they are gradually lost sight of, or are absolutely forgotten. Nevertheless, from time to time the countenance becomes bloated; the skin is dry; headaches occur with unusual frequency; or the calls to micturition disturb the night's repose. After a time, the healthy colour of the countenance fades; a sense of weakness or pain in the loin increases; headaches, often accompanied by vomiting, add greatly to the general want of comfort; and a sense of lassitude, of weariness, and of depression, gradually steals over the bodily and mental frame. Again, the assistance of medicine is sought. If the nature of the disease is suspected, the urine is carefully tested; and found, in almost every trial, to contain albumen, while the quantity of urea is gradually diminishing. If, in the attempt to give relief to the oppression of the system, blood is drawn, it is often buffed, or the serum is milky and opaque; and nice analysis will frequently detect a great deficiency of albumen, and sometimes manifest indications of the presence of urea. If the disease is not suspected, the liver, the stomach, or the brain divide the care of the practitioner, sometimes drawing him away entirely from the

more important seat of disease. The swelling increases and decreases; the mind grows cheerful, or is sad; the secretions of the kidney or the skin are augmented or diminished, sometimes in alternate ratio, sometimes without apparent relation. Again, the patient is restored to tolerable health; again he enters on his active duties: or he is, perhaps, less fortunate;—the swelling increases, the urine becomes scanty, the powers of life seem to yield, the lungs become œdematous, and, in a state of asphyxia or coma, he sinks into the grave; or a sudden effusion of serum into the glottis closes the passages of the air, and brings on a more sudden dissolution. Should he, however, have resumed the avocations of life, he is usually subject to constant recurrence of his symptoms; or again, almost dismissing the recollection of his ailment, he is suddenly seized with an acute attack of pericarditis, or with a still more acute attack of peritonitis, which, without any renewed warning, deprives him, in eight and forty hours, of his life. Should he escape this danger likewise, other perils await him; his headaches have been observed to become more frequent; his stomach more deranged; his vision indistinct; his hearing depraved; he is suddenly seized with a convulsive fit, and becomes blind. He struggles through the attack; but again and again it returns; and before a day or a week has elapsed, worn out by convulsions, or overwhelmed by coma, the painful history of his disease is closed.

"Of the appearance presented after death, enough will be said in another part of the present communication: but one question may be asked in this place—Do we always find such lesion of the kidney as to bear us out in the belief, that the peculiar condition of the urine, to which I have already referred, shews that the disease, call it what we may, is connected necessarily and essentially with the derangement of that organ? After ten years' attentive—though, perhaps, I must not say completely impartial observation—I am ready to answer this question in the affirmative. . . ."

Here Bright introduces the clinical and post-mortem accounts of ten cases of albuminous urine with nephritis. If we except the retinitis (there were no ophthalmoscopes in those days) and the measure of the blood pressure, every ordinary clinical symptom is mentioned; deaths from uræmia, cerebral hæmorrhage, and acute inflammation of serous membranes are all recorded. To illustrate the marvellous completeness of Bright's powers of observation it may be mentioned that he knew that sometimes vision was impaired and that sometimes the pulse was hard.

"Nothing can be more striking than the similarity which is observable in all these cases," he writes. "I am not aware of any disease in which the character is more completely preserved, or in which the symptoms more clearly mark a specific form of malady."

The author then discusses the treatment. He doubts "whether we have it in our power, as yet, even at the earliest periods, to destroy the liability to relapse, or overcome the morbid tendency; but at all events, the management of the early stage of the disease is easy, when compared with the treatment in its more confirmed and protracted forms. . . . I cannot, from my own experience, entertain a hope that diaphoretics are capable of curing any large proportion of confirmed cases. . . . Till this symptom (albuminuria) be removed the disease certainly exists: and even when it is removed, it is often absent but a short time, and it is, for many years, liable to return. It can never be sufficiently impressed on the minds of practitioners, that the anasarca . . . is but a symptom." But he says anasarca may be absent throughout or it may disappear and yet the disease be fatal. As diaphoretics he used antimonial powders, compound ipecacuanha powder and liquor ammoniæ acetatis, with the warmth of the bed, a warm bath, fomentations and large linseed poultices. He is particularly insistent on the necessity of keeping the skin warm; hence he advises an inner dress of flannel and residence in a suitable climate. Bleeding may be useful in the earlier stages, but with regard to the later periods "when we call to mind the constant loss of albuminous matter which the system is sustaining by the kidneys, and the peculiar pallid hue which the patient assumes, we shall pause before we venture to afford temporary alleviation, at a still further expense of the more nutritious and stimulating portions of the blood."

Cupping the nape of the neck may relieve the headache, and a few leeches to the loins may assuage the pain there. He calls attention to the value of acupuncture for œdema, but "all attempts to draw off the serum by mechanical means should be most cautiously conducted; for the powers of repair are weak and there is a great tendency to erythematous inflammation." He is opposed to the use of mercury. Elaterium used with care may be beneficial. "With regard to diuretics, I have generally wished to abstain from all except digitalis. . . . I look upon this class of remedies, however, in the light of a necessary evil in some cases; and do not feel authorised in recommending their employment. . . . A great deal still further depends upon diet. Where milk is grateful, if it sits easily on

the stomach, and is freely digested, I believe it to be one of the best aliments which can be taken. . . ." The great rule is to avoid everything which obviously deranges the stomach, and to take tonic and nutritive food. "The less of wine and spirituous liquors is taken, the better."

Every precaution must be taken to avoid chill to the surface or check perspiration. If exercise be taken, it must be gentle. This surely is a masterly exposition of the treatment of what was then a new disease, and now nearly a century later we cannot do any better.

Bright's second paper in the *Guy's Hospital Reports* begins with a tabular view of the morbid appearances occurring in one hundred cases in connection with albuminous urine. The details are extraordinarily complete and testify to the care with which the examinations were made. "In almost all I have been present at the examination after death."

With the inspiration of genius, Bright arrives at the belief that the primary cause of the symptoms in all these cases is disease of the kidneys. He points out the great importance of the function of the skin, he shows that serous effusion into the pleural, pericardial and peritoneal cavities, acute pleurisy, pericarditis and peritonitis, hypertrophy of the heart, œdema of the lungs, bronchitis, enteritis, and cerebral hæmorrhage are all accompaniments to be found in patients dying of nephritis. He shows these may be fatal, and he tells of the terminal cerebral symptoms which we now call uræmic convulsions and coma.

Assuredly this is one of the most wonderful series of papers in medical literature. A disease, which presents symptoms of derangement of almost every organ of the body, is unerringly ascribed to the kidney. We are shown how to diagnose it. Its causes, its symptoms, its treatment and its post-mortem appearances are given with such a completeness and accuracy that after nearly a century no error has been detected in Bright's description, and, if we except a few facts that have been gleaned by instruments he did not possess, nothing of importance has been added.

Bright's enthusiasm for the study of renal disease continued, and in 1842, with the willing permission of Mr. Harrison, the famous Treasurer who did so much for the school, and with the hearty co-operation of the other physicians, two wards were from May to October 1842, set aside for the admission of cases of renal disease only, and they were under the care of Bright. This, as he says, is "the first experiment which, as far as I know, has yet been made in this country to turn the ample resources of a hospital to the investigation of a particular disease, by bringing the patients labouring under it into one

ward properly arranged for observation." A small laboratory " was fitted up and decorated entirely to our purpose." Bright was helped by Dr. Barlow, who was assistant physician, and by Dr. Rees, who became assistant physician in 1843, and these two published in the *Guy's Hospital Reports* for 1843 the results of their labours, which corroborated Bright's original statements.

Diseases of the Nervous System

In the second volume of *Medical Cases*, we find Bright, when mentioning diseases called functional, saying: " This view has often been the unintentional cloak for ignorance and has materially retarded investigation." Several cases are given to illustrate that disease of the ear and nose and bones in their neighbourhood may cause suppurative meningitis, cerebral abscess or thrombosis of sinuses, and it is recognised that a blow may be the starting-point of an acute hydrocephalus or, as we call it nowadays, tuberculous meningitis.

More than forty examples of cerebral hæmorrhage are given, the loss of sensation and motion is described, and hemianopia is recorded. There is an admirable survey of the whole subject; it is pointed out that cerebral hæmorrhage is commonest in males, chiefly over forty, often over fifty years of age, and that frequently there are subordinate seizures before that which is final. The serious nature of the causative renal disease, he says, is often overlooked, and before any operation is undertaken the urine should be tested for albumen.

Bright recognised epileptic somnambulism and epileptic mania. He was entirely original in insisting that certain epileptic seizures, or as we should now call them, attacks of Jacksonian epilepsy, are due to organic disease of the brain, and he showed how to distinguish such attacks from ordinary epilepsy. He records a case in which there were right-sided fits, and says " my reason for supposing the epileptic attacks depended upon a local affection . . . was the degree of consciousness which was observed to be retained during the fits." He expected to find a lesion on the left side of the brain, and the post-mortem examination showed he was correct.

He gave an admirable description of ordinary aphasia and told us where in the brain the causative lesion was to be found. He concludes " that the symptoms which arise in cerebral and spinal disease are actually the results . . . of the lesions which the different parts of the nervous system have suffered." These references show that he was one of the earliest enunciators of the doctrine of cerebral localisation.

Bright was emphatic on the association of the various rheumatic affections. In his *Reports of Medical Cases*, Vol. II,

Part II, p. 469, he says: "Chorea is associated with amenorrhœa, with rheumatism, with roseola and with urticaria." He also tells of the association of chorea and pericarditis, and Sir Samuel Wilks believed that Bright was the first person to describe a mitral murmur in chorea.

Diseases of the Abdomen and Thorax

Bright published a series of papers in the *Guy's Hospital Reports* on Abdominal Tumours. These were later reprinted as a separate book.* Here again we see his originality, for Barlow says: "It is but due to the memory of Bright to state, though without any desire of imputing plagiarism to more recent continental pathologists, that the description of acephalocyst hydatids, is altogether original, and certainly an anticipation of similar observations which have since been published in Germany." One hundred and seventeen cases of abdominal tumours are most carefully reported. What proportion of this mass of clinical observations is original it is impossible to say, for we cannot be sure of the exact state of knowledge at the time, but the whole series should be read as we read classical clinical lectures, namely, to enjoy and to learn from the description of a master, who is an observer and can appreciate the value and relation of the facts he records.

Bright's most original paper among his many on abdominal diseases was "Cases and Observations connected with Disease of the Pancreas and Duodenum."† These cases he says, "are chiefly intended to call the attention of the Members to a particular symptom in disease which I believe to have been but little noticed. . . . The symptom to which I refer is a peculiar condition of the alvine evacuation, a portion more or less considerable assuming the character of an oily substance resembling fat, which either passes separately from the bowels or soon divides itself from the general mass, and lies upon the surface, sometimes forming a thick crust particularly about the edges of the vessel, if the fæces are of a semi-fluid consistence, sometimes floating like globules of tallow which have been melted and become cold, and sometimes assuming the form of a thin fatty pellicle over the whole or over the fluid parts, in which the more solid figured fæces are deposited. This oily matter has generally a slight yellow tinge and a most disgustingly fetid odour."

Bright reaches the conclusion that this state of the stools

* *Clinical Memoirs on Abdominal Tumours and Intumescence*, by the late Dr. Bright. Edited by G. Hilario Barlow, M.D., M.A., Physician to Guy's Hospital. The New Sydenham Society, London, 1860.

† *Medico-Chirurgical Transactions*, Vol. XVIII, 1832–33.

is symptomatic of pancreatic disease, and he was well aware that glycosuria might occur with disease of the pancreas.

In a paper * entitled "Observations on Jaundice" there is an admirable description of jaundice and its causes. Cirrhosis of the liver due to alcohol is given as one cause of jaundice, and Bright knew that the liver in this disease may be at first large and then contract, for he says (p. 612) "the liver is sometimes increased in its size; but very frequently quite the contrary, the organ having evidently undergone contraction in the progress of the disease: indeed, I have in some cases most distinctly traced its enlargement in the beginning of the attack and its gradual diminution towards the more confirmed stages of disorganization."

In this paper we have the first description of acute yellow atrophy of the liver. Although Bright did not name the disease, he described it and its post-mortem appearances, for (on p. 614), he speaks of a febrile form of jaundice with cerebral symptoms and an excessive tendency to hæmorrhage, and he gives an admirable account of the state of the liver after death in two cases.

In the same volume † is an extraordinary case of diaphragmatic hernia, which has escaped the notice of nearly all who have written on the subject.

Chronic peritonitis interested Bright, for he published a paper ‡ entitled "Cases and Observations illustrative of diagnosis when adhesions have taken place in the Peritoneum, with remarks on some other morbid changes of that membrane." He was the first to give an account of the crepitation which may be felt in cases of chronic peritonitis.

Then follows what is probably the earliest description of the peritonitis, which is called nowadays chronic proliferative peritonitis or simple chronic peritonitis. It is an admirable description, not a single point in it has ever been shown to be wrong.

To Bright must be given the credit of being the first to describe Addison's disease, but in no sense did he discover the disease, for he did not connect the symptoms with disease of the suprarenals. The merit of this is entirely due to his colleague, Addison. Bright's case § was that of a woman admitted into Guy's in July 1829. She was greatly emaciated and apparently sinking. "Her complexion was very dark." She had vomiting, became drowsy and died. At the sectio cadaveris slight evidence of chronic phthisis was found, but "the only marked disease

* *Guy's Hospital Reports*, Vol. I, 1836, p. 604.
† *Ibid.*, p. 598.
‡ *Medico-Chirurgical Transactions*, Vol. XIX, 1833–35, p. 176.
§ *Medical Reports*, Vol. II, p. 247, *Case* 119.

was in the renal capsules, both of which were enlarged, lobulated, and the seat of morbid deposits apparently of a scrofulous character; they were at least four times their natural thickness, feeling solid and hard; on the left side one part had gone into suppuration, containing two drams of yellow pus." This specimen is still in the Guy's Museum and is probably the earliest specimen illustrating Addison's disease.

In London, in 1839, was published Volume I of *Elements of the Practice of Medicine*, by Richard Bright, M.D., and Thomas Addison, M.D. It is not generally known that it contains the first accurate account of what we now call appendicitis in descriptions which are " so clear and well presented that they could not be surpassed to-day " (Kelly).

Bright gave oxygen to those suffering from respiratory distress : * the case of a boy aged fourteen is described. " At eleven o'clock he inhaled a bladder of oxygen gas; this was followed for a short time by longer and deeper respirations, and there was a transient amendment in the expression of the countenance and a slight temporary redness in the face." . . . " Oxygen gas frequently inhaled," . . . " never failed to produce a temporary excitement during which the eyes opened and the respiratory muscles were called into increased action."

Case 129 in the same volume (p. 270) is clearly one of heart block. The patient, a man aged forty-five, had frequent fits of an epileptic character in which he lost consciousness; his pulse " seldom rose above thirty beats in the minute and sometimes it did not exceed twenty-two. . . . He frequently complained of difficulty of breathing from a particular tightness at the chest; had a most uneasy feeling when he stooped his head, and he frequently felt faint when he sat erect or dozed." He died suddenly. The heart was at least twice the natural size, and no organic lesion was found to account satisfactorily for the sudden dissolution.

The rarest gift given to a scientist is to interpret correctly the experiments of Nature. When we reflect upon the perfect ease with which Bright did this and upon his unerring accuracy of observation, it is surely appropriate that the centenary of the appearance of the first volume of his *Reports of Medical Cases* should be celebrated by the Hospital, which he adorned and loved so well.

* *Reports of Medical Cases*, Vol. II, p. 226.

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